Sixty-Six Years of Medical Legislation

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PUBLIC HEALTH SERIES

Issued by the Council on Health and Public Instruction of the American Medical Association

"In the health of the people lies the wealth of the nation."
—*Gladstone.*

FIVE HUNDRED AND THIRTY-FIVE NORTH DEARBORN STREET
CHICAGO

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A CRITICISM AND A PROGRAM

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If any apology is needed for my appearance on the program to discuss a question of the magnitude and importance of that contained in the title, it will be found in the fact that for nine years it has been one of my duties to keep track of the passage of laws on public-health subjects in the different states. The unscientific, indeterminate, chaotic and wasteful character of our efforts to improve public health conditions by legislation has impressed itself forcibly upon me. There is no question that these efforts are sincere and unselfish, and are put forth with the best possible intentions. This however does not change the fact that they are subject to criticism and capable of improvement.

The present time is one of searching examination and analysis of all old methods and former beliefs. In the political, social and economic world, the old order is changing. Every belief, custom and privilege must to-day be able to justify itself in order to be considered worthy of continued existence. The general principle of economy, i. e., the production of the greatest amount of result with the expenditure of the least amount of effort or of capital, is being applied to practically every activity in public and private life. If any justification is needed for the present discussion it is to be found in a sincere and long-standing personal conviction that the methods which are being fol-

* Read at the Midwinter Conference on Public Health, Legislation and Medical Education, Feb. 23 and 24, 1914.

lowed by the organized medical profession, as represented by the American Medical Association and its constituent state and component county branches, are not producing and have not produced in the past the best results, but are making necessary, every year, the expenditure of a large amount of energy and time entirely out of proportion to the results secured.

Obviously any discussion of this proposition, in order to justify itself, must include not only convincing evidence that the methods followed have not been productive of the best results, but also satisfactory proof that these methods are capable of improvement by the adoption of plans which are definite, practical and possible under present conditions.

Taking up the first proposition, what criticisms can be brought against the efforts which have been put forth by the organization in previous years? There is no intention on my part of impugning in any way the motives or intentions of our predecessors, or of intimating that they failed at any time to act in accordance with their best judgment under the conditions confronting them. But I have been deeply impressed with the lessons which can be derived from a study of the experience of this Association during the sixty-six years of its existence. The changes which have taken place in the Association and its methods, especially during the last twelve years, have been most important and have had a marked influence on the work as well as the possibilities of usefulness of the organization. The methods of the Association in handling the problems of medical education and the patent-medicine and proprietary business have entirely changed in the past eight years. Is there not room for equal improvement in our methods of handling legislative problems? If we can learn from the experience of the past how the present influences and powers of the Association can best be utilized for the public good, it is certainly worth the effort to review some of the more important lessons that are to be gained from a study of the proceedings of the Association. In order to place before you some of the criticisms which I have in mind, I will briefly review the legislative

experience of the Association, giving a few illustrations drawn from the records and from personal observation, and will then endeavor to summarize these observations into definite criticisms. Obviously, the field of medical legislation is too large a one to attempt any detailed review of the efforts of the past sixty-six years in the entire field of public-health legislation. Only a few subjects can be used as illustrations.

When the first preliminary convention of the Association met in New York in May, 1846, one of the first resolutions offered was that a committee be appointed "to consider the expediency and method of urging on various state governments the adoption of measures for the registration of births, marriages and deaths." This resolution was unanimously adopted. The following year, when the second preliminary convention met in Philadelphia in May, 1847, this committee reported, recommending the appointment of a standing committee on this subject, and also recommending that state medical societies be requested to urge in each state the adoption of suitable laws on this subject. At the first annual session held at Baltimore in May, 1848, the committee again reported that Massachusetts and New York had adopted registration laws, that New Jersey and Georgia were considering the subject, and that it was hoped that each of the other states would shortly adopt satisfactory legislation, providing for the systematic and uniform registration of births and deaths. The proceedings of the Association from that time until the present day contain frequent references to this subject. Yet in 1900, fifty-three years after the organization of the Association, only eleven states had any satisfactory death registration, while to-day, sixty-seven years after the organization of the Association, only eight states have any adequate birth registration. Certainly, in the face of these facts, we must admit either that there is some lack of merit, in the object sought, or that there has been some defect in the manner of its presentation to the public. Since birth and death registration are generally admitted to be essential features of the social machinery of any civilized state, we can only conclude that the fault has been

in the manner in which this subject has been presented to the public.

At the time of the organization of the Association modern preventive medicine did not, of course, exist. The relation between sociological conditions and the public health was not at that time understood. There was no way in which governmental, state or municipal activities could prevent epidemics or influence health conditions except through quarantine, which was generally only exercised during epidemics or during periods when invasion of epidemic disease was feared. It was not until the development of modern scientific medicine and the growth of knowledge of the causes of epidemics that the field of governmental activities became clear. Accordingly, up to 1869, with the exception of repeated discussion on birth and death registration, and occasional recommendations regarding laws regulating the importation and sale of adulterated drugs, there was little effort to pass laws on health subjects. At the time of the organization of the Association in 1847 not a single state in the Union had a law providing for a state board of health or for a state health officer. A subject which was discussed frequently, however, was the licensing of physicians by state authorities in place of the custom then in vogue of regarding a diploma as a warrant to practice. Dr. N. S. Davis, at the first meeting of the Association, secured the appointment of a Committee on Medical Education, and at the same meeting a resolution was introduced, declaring that the union of teaching and licensing in the same hands is wrong in principle; that instead of conferring the right to license on medical colleges and state and county societies, it should be restricted to one board in each state. The agitation on this subject covers far too much ground to discuss in detail. If in the beginning the general principle had been recognized that there should be but one standard for admission to the right to practice the healing art as a profession, and that this standard should be an educational test, exacted regardless of schools of medicine, much of the difficulty which has since developed on this subject could have been avoided. Unfor-

tunately, mainly through the fact that the question was considered entirely from a medical rather than from a legal or social standpoint, this most important point was not recognized. No effort was made to show the people that this was a matter which in any way concerned them. The Civil War coming shortly after, closed most of the medical schools in the South, and many of those in the North. State governments were wiped out, or their entire activities were devoted to raising troops and keeping them supplied with surgeons and medical attendants. The difficulty was not to get doctors, but to get any kind of doctors. The great West was being settled and new communities were glad to get any kind of medical services. Following the reorganization after the Civil War, an unusual opportunity presented itself to the medical profession. The old order of things had been practically wiped out. Some forecasts of modern medicine had already appeared. If the true relation of the physician to the state, and of the future possibilities of the profession had been realized, and if the fundamental principle of a single educational standard for recognition by the state of the right to practice, had been recognized; above all, if this important subject had been considered from a legal and sociological as well as from a medical standpoint, the present-day farce of sectarian boards and multiple standards would have been largely avoided. Instead of recognizing the fundamental principles that the state is not interested in, and cannot take cognizance of, sectarian distinctions, that the fitness of an individual for a license to treat the sick is an educational and not a sectarian question, and that it is not only obviously unjust, but legally and practically absurd for a state to establish two standards for admission to the same privilege, the medical men and medical organizations of the late sixties and early seventies insisted on the passage of laws providing for "regular" boards of examination, for the appointment of "regular" physicians only as members and for the adoption of standards based entirely on the curriculum of the "regular medical college." In a few states the homeopaths and eclectics possessed sufficient

influence to secure the passage of separate laws providing for "homeopathic boards of examiners," or "eclectic boards of examiners," the argument being advanced that "regular physicians have their own boards, and we have as much right to a board of our own as they have." Even if the danger of this argument had been realized, it is doubtful whether the physicians of that day would have been willing to give up the exclusive privilege to which they considered themselves entitled, and to have urged the adoption of a purely educational standard, open to all persons without regard to schools of graduation. Yet it is exactly this attitude and this argument which has been the basis for the claims since that date, of the osteopaths, optometrists, chiropractors, neuropaths, and all other paths and sects of so-called "modern new thought." The absurd extent to which this has been carried was seen in the bills introduced last year in California and Colorado. In California there were at one time thirty-nine bills before the legislature amending the medical practice act. The mistake lay in placing the subject before the public in such a way as to justify the conclusion that the object of the passage of medical practice acts was the protection of physicians, instead of the protection of the public, and that the important questions to be determined were sectarian rather than educational. As soon as this conception became fixed in the minds of the public and of the legislatures, it then became utterly impossible to convince either that it was not just and fair to give each sect which presented itself in sufficient numbers, the same privileges which had been given to the regular medical profession. The result is that, either through specific exemption in the statute, definitions of the practice of medicine that exempt various cults, the enactment of laws creating special boards of examiners, or the decisions of courts in specific cases, the medical practice acts in most of our states to-day place on the law-abiding, scientifically educated physician, who has devoted four or five years and as many thousands of dollars to his preparation, the burden of passing an examination and securing a license, while they do not prevent the fad-

dist and the ignoramus from carrying on his business for which he has either no preparation or only a pretense in the form of a "course" covering at best but a few months. The present practice acts penalize the law-abiding man, while they do not restrain the very class they were intended to control. Yet the majority of laymen if asked the flat question, "Are you in favor of laws restricting the right to treat the sick to those with proper knowledge of the human body," will at once reply that they are. Again, if the difficulty is not in the subject, it must be in the manner of its presentation, for which physicians are largely responsible.

Another subject to which the Association very early devoted attention, and which was in fact the main reason for its organization, was the elevation of medical education. From the time of the first preliminary convention in 1846, probably more time was devoted to the discussion of this subject than to any other one question. Yet, until the Council on Medical Education began in 1906, the collection and publication of facts regarding medical schools and of carefully classified lists of medical colleges based on a definite standard, no real progress was made. It is apparent to all who have followed this work that more progress has been made in the seven years from 1906 to the present day, than was made in the sixty years from 1846 to 1906. The Association undoubtedly exercised some moral influence during this long period, but its real influence on medical education began with the systematic collection and presentation of facts regarding medical schools and medical students begun by the Council in 1906. So long as the efforts of the Association were limited to the passage of resolutions and the efforts of individuals, the results were slight and entirely disproportionate either to the importance of the subject or the amount of time and effort consumed.

Exactly the same thing is true regarding the attempts to regulate the sale of drugs and pharmaceutical preparations. At the first session of the Association this question, of comparatively minor importance and limited to the prevention of the importation and sale of adulterated drugs, was discussed. At almost every ses-

sion for sixty years the question in some form was discussed and in almost every instance some resolution or demands were adopted. Yet, until the Council on Pharmacy and Chemistry began the publication of reports based on careful analysis of proprietary preparations, and the Fraud and Nostrum Department of THE JOURNAL began the collection of data and the publication of special articles on patent medicine, but little actual progress was made.

Here again the trouble was not in the lack of recognition of the problems involved or a lack of appreciation of their importance. But so long as the activities of the Association were restricted to volunteer committees, without means or machinery for careful investigation covering the entire country, and so long as action was limited to the passage of resolutions or to the individual initiative of committees in different states, having only a superficial knowledge of the subject and without accurate data, but little practical good was accomplished.

This will be found to be true in any of the other fields of Association activity. In the domain of state public health activities exactly the same situation has obtained. It is now forty-five years since Massachusetts in 1869 lead the way by creating a State Board of Health. California followed in 1870. At various periods since that time every state has created some kind of health organization. Some began as quarantine bodies, some as examining bodies, some as state boards of health, *de novo*. The United States Public Health Service has recently issued an exhaustive and most interesting summary of the history and present condition of our state health organizations. A careful reading of this study must impress every one with the amazing diversity of method and machinery, as well as the enormous amount of work required to secure the creation and to perpetuate the existence of these boards. Examination of the proceedings of the Association from 1870 to 1877 will show that the principal force in the creation of these boards was the American Medical Association. In 1877, at the Chi-

cago session, Dr. Stanford E. Chaille of New Orleans presented a paper on "State Medicine and State Medical Societies," which is one of the most able and far-sighted papers ever presented before the Association. In discussing the necessity of systematic education of public opinion as a necessary precedent to the enforcement of sanitary laws, Dr. Chaille says:

"It requires no great wisdom to enact laws, but great wisdom to enact on many subjects laws which can be enforced. The history of legislation is glutted with the enactment of laws which not only failed to accomplish the object intended, but which did accomplish a very different one, often bringing the object sought for into public contempt. Rarely do writers on state medicine realize the truth of the lessons taught by students of the philosophy of law-making, that there is a class of subjects in regard to which laws can be enacted in advance of public opinion, without fear of bad results . . . but that there is another class of subjects in regard to which no laws can successfully precede their public sanction, and if enacted violation and contempt for them will ensue. Unfortunately, to this class belong such subjects as the regulation of the practice of medicine, compulsory vaccination, registration of vital statistics, etc., and their satisfactory disposal cannot be hoped for until an enlightened and organized medical profession exercises its influence on public opinion." In these words, written thirty-seven years ago, are to be found the true policy of this Association.

In spite of this clear statement of the problem, no effort was made until very recently, to carry out this sound, practical advice. Not only was no definite policy adopted by the American Medical Association, aside from general endorsement of public-health legislation in general, but none of the individual state associations, with a few exceptions, has followed any definite plan of constructive legislation. In a few instances, notably that of Alabama, a strong, dominant and far-sighted personality like Dr. Jerome Cochran laid out a definite, comprehensive plan of state legislation and by long-continued, persistent education of the physicians,

the public and the legislators in his state, succeeded in building up a sound and effective public-health organization. Such an occurrence, however, has been largely accidental and is in no way typical. In most of our states, for the last forty years, public health legislation has been chaotic, uncorrelated, subject to accident rather than to design, and in a large measure the result of compromise, following more or less spasmodic and intermittent effort. Let me again emphasize the fact that this does not in any way reflect on the good intentions, the unselfish motives or the desire to advance the public good on the part of those who have taken part in these efforts and who have honestly and sincerely done the best they could under the circumstances. It does reflect, however, on the methods followed by the organization as a whole in endeavoring to solve by unscientific methods a problem as intricate and difficult as any in bacteriology or pathology, namely, the crystallization into practical, effective laws, of the rapidly advancing knowledge of disease, its causes and methods for its prevention.

Let us now consider briefly the methods which have been followed to secure desired legislation. Each state association, as well as the American Medical Association, has had a committee on legislation. This has sometimes been charged with educational duties as well, while these functions have in some cases been vested in a separate committee. The members of these committees have, almost without exception, been prominent members of the organization and were naturally successful and therefore extremely busy physicians or surgeons. Appointed each year by the president of the state association, the membership has changed frequently and but little if any record has been kept of the work of preceding committees. In most cases no definite policy has been followed nor has any continuous effort been made to build up a comprehensive, effective system of state administration of public health. The committee has had no facilities furnished it. It has had no sources of information. It has had no expert legal adviser and in most cases it has

made little effort to learn the views of the general public, and, in fact, has had no way by which it could do so. Each year before the session of the state legislature the question has been asked, "What are we going to try to do this year?" If the committee happened to be composed of or dominated by men of broad minds, with clear ideas and a knowledge of results or failures in other states, who recognized the necessity of broad, fundamental laws supported by public opinion, and the need of building carefully and securely, that state stood a good chance of securing good laws, capable of enforcement and of conserving public health. But if the men on the committee were men with special interests, or were enthusiastic over some temporary fad or were biased in their views or uninformed regarding the development and workings of legislation elsewhere, then their efforts generally took the form of extreme measures, freak bills, impractical propositions or suggestions that had been tested elsewhere and found wanting.

Perhaps the most frequent mistake has been the effort to copy a law which has proven successful in some other state, regardless of lack of similarity in conditions. You will all, I am sure, recall instances of this kind. At our legislative conference in 1906 a delegate, in accordance with instructions from his state society, asked the conference to endorse the principle of a single board of health and examination. He said that his state had two boards and was not satisfied with the results. A neighboring state had a single board and he thought this was a better plan. He therefore asked the conference to endorse the principle of a single board. As soon as he sat down, the representative of another state arose. He said that his state had a single board and was not satisfied with results. A neighboring state had two boards and they thought this was the better plan. He therefore asked the conference to endorse the principle of dual instead of single boards.

In Illinois, a few years ago, a conference was called to consider possible improvements in the medical

practice act of the state, inspired principally by dissatisfaction on the part of a few, with the State Board of Health and its policies at that time. A member of the Committee on Legislation had recently heard of the condition in New York, in which the licensing of physicians, lawyers, pharmacists and practically all learned professions is under the control of the regents of the University of the State of New York. This body originated in the Board of Governors of the old Kings College of colonial days, and has had control of all New York schools, colleges and universities ever since New York became a state. All of the educational institutions have originated and developed under its supervision. No such body has ever existed in Illinois, where colleges and universities have grown up independently. Yet it was seriously proposed, in order to improve the conditions of medical practice in this state, that such a law be secured in Illinois, and this without any effort to secure the views of the colleges or institutions which would be affected, or to consult public opinion on the subject, although the proposed law would entirely upset the education system of the entire state.

Similar instances will doubtless occur to each one of you. The fault was not with the men. They were doing the best they could under difficult circumstances to reach some tangible conclusions that would give better results. The fault has been in our management as a body, of a most important field. If science is the careful observation, accurate recording and systematic arrangement of facts, and the deduction of general principles therefrom (and I know no other definition), then certainly we must admit that the treatment of the problems of public-health legislation in the past forty years has not been scientific.

Another difficulty has been the failure to discriminate between fundamental, essential laws that would be a foundation for future development and laws on subjects of temporary or special importance. Closely related is the occasional advocacy of laws on fads or sensational topics. Any one who has watched the

course of legislation for any number of years has observed this tendency. Each year there are a few subjects that are the object of public interest. Two years ago it was the abolition of common drinking cups. Last year we received more requests for material on sterilization of criminals, regulation of marriage, and medical inspection of schools than on all other subjects put together. These efforts are thoroughly commendable if the state and the public is ready for them, and if they do not crowd out more important subjects. But we should not allow ourselves to be unduly influenced by temporary public interest.

An illustration of this danger occurred last year. I received a night letter from the chairman of a legislative committee in one of the newer western states, asking for immediate information on sterilization laws, stating that it was the intention to introduce such a bill into the state legislature. The state in question has a sparse and scattered population of about 150,000, averaging about 21 to the square mile. Its largest town has 12,000 people. It has one insane asylum with a capacity of 200, and one penitentiary with probably 150 inmates. It has a young and vigorous population. At most a sterilization law would probably not affect more than twenty-five people a year. This state has a very limited health machinery with a small appropriation, a weak public-health law, no adequate laws on water supply, pure foods and drugs, or control of contagious diseases, and no definite plan for improving its public-health organization. Yet the state society was planning to follow the styles by introducing a sterilization bill principally because some other state had done so. Certainly its wisest policy would be to build up and strengthen its fundamental health organization, instead of attempting legislative experiments the value of which is still undetermined.

After a committee has decided on what bills it will endeavor to secure, it generally proceeds to draft these bills, either using a similar law in some other state

as a model or drafting the bill according to the ideas of the members. Occasionally the assistance of a lawyer is secured. Often, however, the committee has no money to spend, so that even if a lawyer's services are secured, the lawyer is often a volunteer and often, too, one who has had little if any practical experience in public-health work or in drafting laws. Owing to the lack of demand for legal services in the public health field, there are very few lawyers who have given any amount of attention to it, or who are as familiar with the laws and decisions in this field as they are with the law of corporations, railroads or personal injury.

Lack of time, money and the necessary machinery for securing the views of men and women in other lines often result in the bill being drafted almost entirely from the medical viewpoint, in spite of the fact that it is a measure which will vitally affect men and women in their most intimate relations. Too frequently no effort is made to get the aid of teachers, practical philanthropists, social workers, judges, administrative officers, or others equally interested in the measure. An illustration of this occurred last year. I received a telegram from the secretary of a state society asking for copies of existing laws on medical inspection of schools. Two days later came a letter explaining the reason for haste. The state legislature had already been in session six weeks. The night before the telegram was sent a member of the state senate attended a meeting of the local medical society, on invitation of the secretary. On the program was a paper by one of the members on medical inspection of schools. The state senator was so impressed by this paper that, following the meeting, he announced his intention of introducing at once in the state legislature, a bill providing for medical inspection of schools. This bill was accordingly drawn and introduced without consulting the state superintendent of education, any of the school authorities, superintendents or teachers of the state, or attempting to secure any public understanding or support for it. The day after its introduction the

leading paper in the capital city printed an editorial violently denouncing the proposed measure as an effort at "graft" on the part of the "political doctors." The local medical society was deeply aggrieved at this editorial. Yet the fact that a measure of such vital importance to every father and mother in the state and of equally vital importance to the educational system of the state had been drawn so hastily and introduced with so little effort to explain its purpose that the editor of the leading paper in the state entirely misunderstood and misconstrued its object, was a more pertinent criticism of the state society than it was of the newspaper editor.

In the present enthusiasm for sex hygiene bills providing for instruction in the public schools on this delicate and most difficult subject have in several instances been introduced without any effort to secure public support, despite the fact that one can hardly imagine a subject of more direct interest and importance to the thoughtful and conscientious parent. Yet not only is the best place for such instruction still open to discussion, but our best pedagogical authorities are still disagreed as to the best manner in which this subject should be presented. The public is also as yet entirely without trained teachers in this field. On such a subject the greatest caution should be observed in drafting proposed laws.

Having been introduced into the legislature, the bills, whether carefully or hastily drawn, are referred to committees for hearings. Bills on vital statistics, abolition of common drinking cups and similar measures of a purely sanitary nature which do not conflict with any selfish interests may not meet with any organized opposition. But any measures on such subjects as pure foods and drugs, regulation of the practice of medicine, tenement-house inspection, housing laws, etc., are very apt to meet with severe opposition and searching criticism from selfish or sectarian interests, while many of the police measures and school-inspection bills are apt to be opposed by those who object to any governmental interference with personal

liberty. Many of the members of the state legislative committees are lawyers, or at least men with legal training, while private interests or organizations opposed to the proposed measure are often represented by shrewd special attorneys, experienced in cross-examination and in the detection and exaggeration of weak point in an argument or measure. The more hastily conceived and loosely drawn the bill may be, the easier it is to pick flaws in it and confuse its advocates. Many times enthusiastic committees appearing before legislative committees in support of pet measures have been amazed at the unexpected weaknesses which have been found in their proposals, or at the bewildering and confusing questions fired at them by hard-headed legislators or shrewd special attorneys. I clearly recall one hearing which I attended before a legislative committee in which the principal impression left on the minds of those present at the close of the hearing was that the advocates of the measure under discussion knew less about the subject than any one in the room. The fact that the attack is often made on a single feature and the fire concentrated on that by each objector, while the proponents of the bill have the whole measure to defend, only further weakens their position. Many a physician has appeared before a legislative committee feeling sure of his position and of the impregnable nature of his bill, only to be completely paralyzed by the number of questions asked him which he cannot answer and the amount of information on the subject with which he is not familiar. The presentation of "half baked" plans as legislative measures does not tend to increase the respect of members of the legislature for medical opinions. It is not strange, under these circumstances, that the bill, if it finally passes, contains compromises which practically nullify it, or that make it necessary at each succeeding legislature to spend far more time in protecting the law from repeal or emasculating amendments than was spent in securing its passage. I venture to say that there is hardly a state, with the possible exception of

Alabama, where strenuous efforts are not necessary every time the legislature meets to protect the medical practice act of the state from partial or complete nullification. Yet these laws are for the protection of the people against incompetent physicians, and if the public does not realize this at the time the law is passed, the responsibility for this ignorance must rest on the reputable physicians of the state, since it is in practically every instance at their demands that these laws are passed. The foregoing may be held to be an exaggeration. Yet each instance cited has been an actual occurrence which could be easily duplicated from the experiences of the past nine years.

It is not claimed that all these conditions will apply in each state. Yet I think every one will recall instances of most of the conditions mentioned.

What now, in general, are the chief lessons to be drawn from the past for our guidance in the future? I conceive them to be:

1. We too often fail to distinguish between subjects which are legitimate subjects for legislation and those which are not. This is due largely to the prevailing faith in the enactment of laws as a remedy for all our social ills. The Anglo-Saxon is essentially law-abiding. He has grown to believe that law can accomplish anything. If Dr. Chaille could say in 1877, "The history of legislation is glutted with the enactment of laws which not only failed to accomplish the object intended but did accomplish a very different one, often bringing the object sought into public contempt," how much more is it true to-day? This is partially due to the prevalent American habit of confusing law with force or power. People talk and write about things happening through the "force of the laws of nature," as though a law had force in it. There is no force in a law and never can be. A law is simply a statement of the way in which a force acts. If you do not believe this, ask yourself how long you would hold on to a dirty and tattered piece of paper, if you did not know that the United States government has promised to pay five dollars for it. Fiat money has long since been

consigned to the museum of exploded economic delusions. Fiat law belongs on the same shelf. Practical legislation must provide a method of enforcement in addition to the mere statement that certain things must be. We have far too many laws and we are adding to them constantly. A report received last year from the chairman of one state committee shows that his committee endorsed thirty-six different bills at one time before the legislature. During the legislative session last year there were in the forty-eight legislatures then in session over 1,000 bills on public-health topics alone. I received over 100 bills on public-health topics in one package from one state.

2. There is little if any attempt to differentiate between essential and non-essential laws. Time and energy are frittered away on measures, good enough in themselves but not essential.

3. There has not been, either in the American Medical Association or in most of the state societies, in the past, any definite policy or program of procedure. Legislation has been far too much at the mercy of fads and hobbies.

4. There has been no central bureau for supplying information or any models to work to.

5. There have been no competent authorities to whom state committees or others interested could turn for information, assistance, advice or expert services in framing bills.

6. As a result, and on account of the unavoidable limitations under which state committees have had to work, there has not been enough care exercised in drafting bills. As a result, litigation has been increased and efficiency reduced.

7. In many cases no adequate efforts at public education or the arousing of public interest have been made, and too little effort has been made to secure the advice and help of other bodies interested.

8. Too many bills have often been introduced at the same time, instead of concentrating efforts on a few vitally essential, carefully planned measures.

9. Too often efforts are made to force bills through by political or personal influence, rather than through convincing the public or legislature of their merit.

10. Proponents of measures have not always been thoroughly informed, because of lack of time, also because there was no central bureau which could supply information on public-health topics for the entire country.

11. Bills are often emasculated by compromises or amendments so that the condition after passage is worse than before. Too often the merits of a measure are lost sight of in an effort to pass or defeat a certain bill, which thus becomes the issue over which the fight is waged. Too often the merits of the measure are forgotten and the defeat or victory of one faction or another is regarded as of more consequence than the measure affected.

12. After laws have been secured too little attention has been given to their administration. The mere passage of a law does not accomplish anything. It simply makes accomplishment possible.

Taking up the second part of the problem, what improvements can be made? This discussion would be a waste of time if there was no remedy to be proposed for the evils enumerated. The problem is how to secure in each state essential, necessary, practical and reasonably uniform laws on public health, at a minimum expenditure of time and effort. The essence of the criticism is that in the past forty years this subject has not been handled as it should have been, either as a practical or as a scientific problem. What is needed and how can the situation be improved? I conceive that the same action is necessary in the case of public-health legislation that has been found necessary in the proprietary and nostrum question and in the field of medical education. In neither case can individuals or single state committees take the time or secure the material necessary for careful, thorough investigation to learn the truth. This information must be furnished to them by experts who have at their command all the information available on any of these subjects. What

is needed is a legislative laboratory for securing and supplying information on laws, bills, model laws, court decisions or any subject relating to public health. This information having been furnished, the state committee or the individual reformer may use it or not, as he likes, but at least he will not have to walk in darkness.

Such a laboratory, I am glad to say, has been established. The Council on Health and Public Instruction, in October, 1912, approved the recommendation of the secretary to this effect. The trustees, in October, 1912, approved an appropriation to start such a bureau. After careful inquiry a trained lawyer, a graduate of one of our best law schools, was secured. Work was begun Jan. 1, 1913. The 1913 sessions of our legislatures came too soon to enable us to do much last year. The four subjects on which the most inquiries were received were sterilization of criminals, medical inspection of schools, regulation of marriage, and medical expert testimony. In order to be of as much assistance as possible to state committees, pamphlets on these four subjects were prepared.

This, however, was only to relieve the temporary situation. In the meantime the file of state laws in the secretary's office is being completed and all available material on public health legislation is being secured, preparatory to the real work of the bureau.

As the number of subjects comprised in public-health legislation is too great to make it possible to take them all up simultaneously, it is necessary first to separate the essential from the non-essential subjects and to give the earliest consideration to those subjects which are fundamental rather than incidental. The question of the relative importance of subjects for legislation might be determined either by an analysis of the field or by an expression of opinion on the part of a large number of persons interested. Clearly, both of these methods would give information of value.

In order to secure an expression of personal opinion a circular letter was sent out last summer to a list of approximately one thousand persons selected principally on account of official positions. These were

divided into fifteen classes. The number of replies received is shown in the following table:

Non-Medical	Letters sent	Replies received	Per cent. of replies
Governors	52	24	46
Justices of Supreme Courts	49	20	40
Officers State and American Bar Associations	53	22	41
Commissioners of Uniform Laws	164	78	47
Women's Clubs	127	61	48
Superintendent of Education	48	31	68
National Organizations	30	21	70
Colleges and Universities	124	56	45
	647	313	48
Medical			
Officers of A. M. A.	50	37	74
Presidents State Societies	51	37	72
Secretaries State Societies	51	44	86
National Legislative Committees	51	41	80
Secretaries State Board of Health	49	26	53
Secretaries State Boards of License	40	26	65
Deans and Secretaries Medical Colleges	132	76	57
	424	287	67

In the letter was enclosed a return postal card on which was printed a list of subjects of state public health laws arranged alphabetically, forty-six subjects in all. Each person to whom the letter was sent was asked to designate on the card the ten subjects which he considered the most important subjects for state legislation. The replies form an interesting collection of opinions on these subjects. A complete analysis of this referendum vote will be published later. At present it is only possible to comment on a few points.

The ten subjects which received the largest number of votes and the number received on each are as follows:

Tuberculosis	407
School Inspection	389
Water and Sewerage	373
Milk and Dairy Laws	366
Contagious Diseases	313
Food and Drugs	304
Reporting Venereal Diseases	272
Public Health Laws	233
Vital Statistics	266
Regulation of Habit-Forming Drugs	216

The influence of popular agitation and general opinion and the lack of careful thought are apparent. For instance: While every one admits the ravages of tuberculosis and its importance as a public health problem, it is absurd to say that it is the most important subject for state legislation, yet practically all those participating in this referendum gave this first place, it receiving over two-thirds of the votes cast. The agitation and public education on this subject are clearly responsible.

Twenty-four out of sixty-one officers of the general federation of women's clubs regarded anti-spitting laws as one of the most important subjects for state legislation. On the other hand, none of the twenty-one officers of national organizations considered this subject worthy of legislation.

Legally, this matter if dealt with at all is the subject of municipal rather than state legislation, but the women were plainly influenced by their sentimental and esthetic feelings rather than by their legal knowledge.

Seventy-six deans and secretaries of medical colleges returned cards. Of these twenty-nine regarded the medical practice act as a question of primary importance, while out of twenty-six secretaries of state licensing boards, sixteen held the same opinion. Yet out of twenty chief justices of the supreme courts, who would naturally be supposed to regard the state regulation of the practice of medicine as important, not one included this subject in his vote. On the other hand, out of seventy-eight commissioners of uniform laws, all of them lawyers and many judges, seventeen considered this a subject of primary importance.

It is noticeable that all of the ten subjects which received the highest number of votes are directly concerned with the health of the individual rather than with the development of administration of health organizations. Last spring at the time these letters were sent out the discussion on medical school inspection was at its height. Water and sewerage, milk and dairy laws and food and drug laws all have to do with

foods and drinks and consequently appeal to the majority of people.

It is significant that the most important and fundamental of all these subjects, namely, a law creating a state health organization and defining its powers and duties, stood eleventh on the list, and did not get into the first group of ten at all.

This experiment, interesting as it may be, really proves only that the majority of people are influenced more by their feelings than by their reason.

This impression is increased when one finds the card returned by the president of one of our state societies with the opinion that barber-shop inspection is the most important public-health subject which the state can take up; or the opinion of the secretary of one of our state boards of health that medical expert testimony is the most important subject for legislation.

Approaching the question from an analytical rather than a personal point of view, it would seem to be self-evident that the most important subject in each state would be a law creating a state board, or a department of health, defining its power and duties in broad terms, so as to bring under this law many of the subjects now covered by special legislation. There is no reason, for instance, why such questions as antispitting, regulation of contagious diseases, common drinking-cups, garbage disposal, hotel inspection, ophthalmia neonatorum, railroad sanitation, tuberculosis and vaccination, should not all be included under the general health police provisions of the state board of health act. I think every one will admit that this subject is of primary importance. After this, and only secondary to it, on account of the necessity of having some machinery to operate it, is a model law for the registration of vital statistics. Having secured the necessary machinery for state organization and the collection of data regarding disease incidence and death, the next question would logically be the physical condition of the state in so far as it affected disease and an accurate survey of the amount of sickness existing in the state. This would call for a law authorizing a survey of the

state, in order that the state health authorities might know the character and extent of the problems with which they had to deal. Closely connected with this would be a law regulating not only the practice of medicine as it is popularly known, but also all those who desire to treat the sick for compensation as a profession. This should include the regulation of midwives and all sects desiring to treat the sick for compensation. A law authorizing county, township and city health organizations with definite provisions for jurisdiction and relation between those local health bodies and the state board of health should also be considered. A food and drugs act including the regulation and the sale of habit-forming drugs; a law regulating sewerage and waste disposal; water supply and the maintenance of the purity of water courses; a milk and dairy law; a law authorizing the health supervision of schools, and either a model housing law or a broad law on industrial diseases, covering factory inspection and regulation, prevention of occupational diseases, regulation of hours for women and girls, etc., might be included in this list.

The following is presented as a tentative list as a basis for discussion:

1. Board of health law.
2. Vital statistic law.
3. Law authorizing sanitary survey of the state and making appropriation for it.
4. Practice act, including regulation of midwives and all sects involved in treating the sick for compensation.
5. Law authorizing city and county health organizations with definite relations to each other and the state board.
6. Food and drugs act.
7. Water supply, sewerage and waste disposal.
8. Milk and dairy law.
9. Sanitary and health inspection of schools.
10. Housing law or industrial disease law.

As stated above, the use of material issued by the bureau or the adoption of this plan would be entirely optional with each state society and legislative committee. If it desires to follow a definite program and wishes the material issued by the bureau it can secure it. If it prefers to follow its own plans, or if it prefers to have no plans at all, it is at perfect liberty to do so. I would urge, however, that each state society, and especially each state legislative committee, consider carefully the advisability of adopting a definite policy and a fixed program, including those measures which are most essential, with the intention of concentrating all efforts on them until they are secured.

It is hardly necessary to say that such a plan would not require the complete overturning of existing conditions in any state, or the adoption of the entire system of model laws after they are drafted. The models would simply give us a pattern to work to. Each state as opportunity arises and as it sees fit can amend its existing laws and conform to the general plan. What we hope to do through the Medico-Legal Bureau is to select the ten subjects of the most importance as accurately as can be determined, secure all the available information on each subject, including copies of all existing laws, copies of court decisions, opinions of leading authorities, etc., draft a tentative bill from the triple standpoint of scientific knowledge, legal experience and sociological relations, and send this bill out widely to all those interested for criticisms and suggestions; redraft it in the form of a model bill, submit it to a final court of lawyers and judges for legal criticism, to a final court of health officers for scientific and administrative criticism, and to a court of representative citizens for social criticism. A final draft, combining all the feasible suggestions received, can then be printed in a small pamphlet, with a history of the legislation on this subject, an analysis of the bill, an explanation of its provisions and an argument for it; in short, a bill and a brief containing objections, arguments, statistics, endorsements, etc. The endorsements and opinions of individuals interested can then be

secured on each bill, as has been done with the vital-statistics bill. This subject is an illustration of what can be accomplished. The model bill on vital statistics was first reported at this conference in 1906. In the eight years which have elapsed greater progress has been made on this subject than in the thirty years preceding it. There is no reason why the same plan cannot be followed on other subjects, and our efforts largely standardized and greater efficiency secured.

As nearly as can be estimated it will require about five years to collect data, study each subject, carefully prepare tentative drafts, submit them for criticism, revise these drafts, prepare and distribute the final copies of the bills and the arguments on them and secure the endorsement of influential organizations and individuals on the ten or fifteen most important subjects. This would be at the rate of about three subjects disposed of each year.

It may be objected that this is a long time to wait for material on most subjects. This is true, but will not ultimate progress be faster in the end than it has been in the past? It has taken us sixty-eight years to secure birth registration in eight states. At this rate it would require three hundred and eighty-four years to extend birth registration throughout the country. Certainly we cannot make any slower progress in the future than we have in the past. My entire argument is for a scientific handling of this most important problem. If the plans outlined above can be carried out, even in part, the results will be well worth the effort.